

# ***Community Health Assessment In Action Report***

## **Executive Summary**

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### ***Background***

In 2002, the U.S. Centers for Disease Control and Prevention (CDC) awarded funding to the Washington State Department of Health (DOH) to improve the quality and effectiveness of community health assessment practice among Local Health Jurisdictions (LHJs) across the state. To implement the CDC grant, the LHJs and DOH formed the Assessment in Action (AIA) partnership. A Steering Committee comprising LHJ and DOH staff representatives provides leadership for implementation of the partnership. An Advisory Committee made up of a broad-based group of individuals from the Washington Health Foundation, Turning Point, United Way, the University of Washington, health and human services staff from Oregon, the LHJs, and DOH provide input on Steering Committee processes and products.

As a first step toward developing strategies to improve assessment practice, the AIA Steering Committee contracted with Clegg & Associates to conduct this intensive, participatory review of community health assessment practice among the state's LHJs. The purpose of the review was to create a body of knowledge from which the partnership could develop a set of practice improvement strategies to pursue during the remaining four years of the CDC grant. The project builds on the recently completed *Standards for Public Health in Washington State: Baseline Evaluation Report* (which documents the extent to which LHJs and DOH are meeting assessment standards) by identifying successful approaches to community health assessment, analyzing the factors that contribute to this success, and developing strategies to enable other LHJs and DOH to learn from these approaches to improve their own results.

### ***Defining Community Health Assessment***

To ensure a clear focus for this practice improvement initiative, the AIA Steering Committee created the following working definition for community health assessment practice: "Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, generate resources, and plan actions to improve public health." Such practice entails:

- Carrying out the assessment activities necessary to meet the Standards for Public Health related to understanding health issues
- Building a local constituency invested in examining and addressing community public health issues

- Developing and distributing accurate, timely, and user-friendly information regarding the health status of the local population
- Facilitating strategic decision-making regarding the response to assessment findings

To better identify the role assessment plays in achieving changes in local health status, the Steering Committee and Clegg & Associates developed a logic model. This logic model articulates the program theory underlying community health assessment:

ACTIVITY		SHORT-TERM OUTCOMES		LONGER-TERM OUTCOMES		GOAL
Conducting community health assessment activities	⇒	Changes in attitudes, awareness, and knowledge/skills regarding the use of assessment data in decision-making	⇒	Changes in programs, policies, and resources	⇒	Improved community health status

## ***Research Methodology***

In order to capture how LHJs are implementing community health assessment, Clegg & Associates conducted one-hour telephone interviews with 34 of the 35 LHJs. Participants were asked to describe their current assessment capacity, what changes had resulted from assessment activities, what resources were essential, what obstacles they have encountered, and how important they believe the assessment function is to the LHJ achieving its goals. In addition, Clegg & Associates interviewed nine key informants identified by the AIA Steering Committee as having important perspectives on community health assessment, including several DOH staff. The AIA Steering Committee used the information learned in the telephone interviews to select six LHJs for Clegg & Associates to visit. The purpose of the site visits was to gather more in-depth information about practice methods that are working in specific LHJs and to identify the factors that contribute to success.

The LHJs selected for site visits were Island County Health Department, Jefferson County Health and Human Services, Kitsap County Health District, Kittitas County Health Department, Spokane Regional Health District, and Thurston County Public Health and Social Services Department. These six sites comprised one large LHJ, three medium-sized LHJs, and two small LHJs. The sites included two health districts, two county health departments, and two county health and human services departments. Four of the LHJs visited were in Western Washington, one was in Central Washington, and one in Eastern Washington.

At each site visit, Clegg & Associates met with the LHJ director and assessment staff and held focus groups with internal and external stakeholders. External stakeholders included

Board of Health members, individuals serving on LHJ community advisory/mobilization groups, other community partners, hospital administrators, and others. Internal stakeholders included health officers and LHJ program staff.

In order to enhance the transfer of knowledge between the AIA partnership and the LHJs, Clegg & Associates conducted a search of current research pertaining to effective knowledge dissemination and utilization processes. Recommendations for improving the quality and effectiveness of community health assessment practice across the system were then developed in conjunction with the AIA Steering Committee and Advisory Committee.

## ***Findings***

### **KEY FINDINGS FROM THE TELEPHONE INTERVIEWS**

- Every LHJ performs some assessment activities; not every LHJ (nor everyone at each LHJ) thinks of these activities as community health assessment
- Most LHJs see the value of community health assessment even if they believe they lack the capacity to sustain effective assessment practice. (Nearly 75 percent of all LHJs consider assessment to be very important or “mission critical.”)
- For LHJs that do not consider assessment very important, the main reason cited is a lack of discretionary funding
- Nearly all LHJs have lost funding and assessment capacity since the mid-1990s
- Every LHJ said they need more money to conduct community health assessment. Other frequently-cited important resources included staff capacity, DOH support, technology and data, and community partners
- Obstacles to community health assessment include a lack of time and money, resistance to change, competing priorities, and a lack of understanding of what assessment is and what it can do, and a lack of a clear vision from DOH
- “Champions” are important in starting and growing assessment capacity
- LHJs reported a number of positive impacts as a result of assessment, including:
  - Increased resources
  - Increased effectiveness
  - Better decision-making
  - Increased ability to act proactively
  - Increased visibility
  - Improved services
  - Increased collaboration and cooperation
  - Improved community perception of LHJ
  - Increased awareness of public health issues
  - Decreased influence of politics on LHJ priorities

- Most LHJs use some of their Local Capacity Development Funds to support assessment. Other funding sources include grants, contracts, county general funds, and local funds. A few LHJs do not fund assessment.
- Community health assessment is most likely to be sustained when LHJs see assessment as an investment that leads to increased resources or improves their ability to do more with fewer resources and when communities come to view LHJs as vital partners because of their assessment capacity

## KEY FINDINGS FROM THE SIX LHJ SITE VISITS

There is no one *right* way to conduct community health assessment. Each of the LHJs that participated in a site visit implements community health assessment in a way that is tailored to its own community. This customization contributes greatly to the success these LHJs are achieving in educating and mobilizing their communities to address a broad range of public health issues.

At the same time, there are a number of key similarities that emerge from these individual sites. The following characteristics common to the six LHJs appear to be critical in making community health assessment practice an effective ingredient in achieving the LHJs' goals:

- Leadership and vision are essential
  - LHJ directors have an expansive vision of public health and the role of the community in achieving it
  - Directors view assessment as a core function
  - The health officer is engaged in the assessment function
  - The Board of Health makes an important contribution
- The community is a powerful partner in achieving health goals
  - Five of the six LHJs visited have a community-based stakeholder group of some kind. These groups are invested in public health issues and bring an additional, and separate, voice to local public health issues. The size, structure, and composition of these groups vary – the key is that the LHJ has an active voice in addition to its own.
- Dedicated staffing (and staff) make a big difference
  - Assessment is a dedicated staff function
  - Assessment staff have direct access to the LHJ director
  - Staff conducting assessment have passion for it
  - Staff development and training are available

- LHJs committed to assessment find a way to make it happen
  - Paying for assessment takes creativity and commitment
  - Directors who value assessment find a way to pay for it
  - LHJs move beyond traditional funding streams to pay for assessment
  - Assessment weathers budget reductions
- Access to key supports is critical
  - Access to useful, timely data
  - Ability to take advantage of peer learning opportunities
  - Technological expertise, in such areas as statistical analysis and epidemiology, as well as enhancements, such as GIS capability and web design/posting

## KEY FINDINGS REGARDING KNOWLEDGE DISSEMINATION AND UTILIZATION

- Organizations need to have the adaptive capacity (i.e., internal and external factors in place to support change) to incorporate new knowledge into existing practice
- Effective knowledge dissemination requires a link between the information being disseminated; the needs, beliefs, experiences, and skills of the intended audience; and the dissemination approach or strategy
- Research points to considerations or factors disseminators of information can take into account to increase the effectiveness of knowledge dissemination efforts, e.g., demonstrating the benefits of the information/knowledge when translated to practice, providing ongoing support and personal intervention, focusing on a problem-solving approach
- “Messengers” are critical – they need to be trusted, knowledgeable opinion leaders

## *Recommendations*

Clegg & Associates developed recommendations for the AIA Steering Committee that include asset-building work at multiple levels. These recommendations provide the foundation for the AIA partnership to assist the LHJs and DOH in creating a statewide network of communities using assessment to plan actions for public health improvement.

The following recommendations describe *what* needs to take place to improve community health assessment practice throughout the state. The subsequent stage in this process, the development of a four-year work plan, will detail *how* the AIA partnership will translate these recommendations into specific strategies to improve the capacity of LHJs and DOH to successfully conduct community health assessment practice throughout the state. This work plan will be completed prior to the beginning of the second year of the CDC grant in October 2003.

## **RECOMMENDATION #1**

### ***Create a stronger system at the LHJ and DOH levels to support implementation of community health assessment practice***

The four-year implementation phase for the AIA grant offers an opportunity to make significant gains in strengthening the assets required at the LHJ and DOH levels for statewide community health assessment capacity. The following asset-building recommendations are not easy to accomplish – they require vision, commitment, financial resources, a willingness to change, and strong coordination between the LHJs and DOH.

- Develop critical assets at the LHJ level, e.g., leadership, assessment capacity, Board of Health support, community partners
- Build complementary assets at the DOH level, e.g., articulation of community health assessment purposes, demonstration of data-driven decision-making, organizational and technical support for LHJs
- Forge a shared LHJ/DOH vision for the role of community health assessment in achieving the public health standards and public health goals
- Improve DOH integration of the funding and reporting of assessment activities taking place in categorical programs with broader DOH and LHJ community health assessment efforts
- Enhance the type and amount of assistance DOH provides to help LHJs build their capacity to conduct community health assessment, e.g., providing/analyzing data, organizing trainings and workshops, providing mentoring opportunities

## **RECOMMENDATION #2**

### ***Help LHJs build the community health assessment capacity necessary to achieve the Public Health Standards related to “Understanding Health Issues”***

The 35 LHJs are at different stages of development in their use of community health assessment as a tool in achieving the public health standards and strengthening community health. This recommendation offers a customized approach that each LHJ can employ to begin improving its community health assessment practice, regardless of where it is on the development continuum. As part of the implementation process, the AIA partnership could create a self-evaluation tool to help each LHJ identify which group it fits best with and the strategies from which it would most benefit.

#### **· Group One**

The LHJs in this group currently focus primarily on the implementation of categorical public health programs, e.g., Maternal and Child Health, HIV/AIDS, drinking water quality, and are not performing many community health assessment

activities. They may not have a capacity-building process underway that will lead to achievement of the *Understanding Health Issues* standards.

The practice improvement focus for LHJs in Group One is on establishing the value of community health assessment as a means to achieving the public health standards and the LHJ's goals. A secondary focus is on the different methods for developing organizational capacity to conduct a sustainable community health assessment effort. Strategies include assisting LHJs in selecting a community health assessment project to implement and providing technical assistance to complete it, assistance in implementing and learning how to use Vista software, and organizing peer mentoring among LHJ directors.

- **Group Two**

These LHJs have added broader issue areas, e.g., domestic violence, to their public health focus. They see the value of community health assessment to better understand health issues but do not see a way to go beyond some limited efforts due to a lack of financial resources. As a result, they may conduct discrete community health assessment activities but do not have an ongoing mechanism for involving stakeholders in setting priorities and planning public health improvements.

The practice improvement focus for Group Two is on developing the organizational capacity, both in terms of finances and expertise, to develop and conduct a sustainable community health assessment effort. Strategies include investigating implementing regional health assessment capacity, providing skills training on forming and facilitating collaborative processes, and providing peer mentoring opportunities.

- **Group Three**

The LHJs in Group Three are engaged in a variety of community-based health-improvement initiatives around issues like violence prevention. They view community health assessment as a critical function in achieving the public health standards and attaining their LHJ and community goals. They have dedicated some amount of internal staff or consultant time to community health assessment and are active in seeking out additional assessment projects. These LHJs may have a strong community-based assessment focus and are interested in developing a stronger internal use of data to inform program design, decisions, and policies.

Strategies for Group Three include providing a tool LHJs can use to determine the appropriate next steps in improving their community health assessment practice, convening statewide peer learning workshops, and offering skills training in teaching community agencies and LHJ program staff how to collect and analyze data.

## RECOMMENDATION #3

### ***Make community health assessment more useful to personal health and environmental health programs***

Community health assessment practice is not contributing adequately to the achievement of personal health and environmental health program goals within LHJs. There are numerous benefits assessment could bring to these program areas, but this contribution has not yet been realized. LHJ leadership and staff involved in assessment have an opportunity to share the benefits of data-driven program and policy decision-making with these program areas. The willingness of assessment staff to reach out and encourage the participation of the staff in these program areas is critical in making this happen. Specific strategies for implementing this recommendation include:

- Develop a vision for the role of community health and environmental health assessment in achieving the personal and environmental health-related standards and program goals. One implementation strategy would be to convene a leadership-level work group from DOH and LHJs to create a vision and identify individuals who can champion the importance of community health assessment.
- Offer training opportunities, e.g., customized leadership development training, community mobilization training
- Support professional development opportunities by ensuring that training on community health assessment is available at state-level personal health and environmental health conferences